

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

**Department of Labor and Training**

Center General Complex

1511 Pontiac Avenue

Cranston, RI 02920-4407

Telephone: (401) 462-8000

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Donald L. Carcieri

Governor

Adelita S. Orefice

Director

REQUEST FOR DIRECT DEPOSIT

The following specific bank information is required in order to process your request for Direct Deposit. Please complete your personal information and bank information below and also:

If depositing to checking account, you must attach a check marked “VOID”.

If depositing to savings account you must include any bank documentation such as bank statements or deposit slips reflecting routing and account numbers for savings account.

Personal information (please print)

Your Name:

Social Security Number:

Bank Information (Only one bank account may be entered)

Name of bank:

Bank account type: Checking

Savings

Bank account number:

Your bank routing number:

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Direct Deposit Authorization

I hereby authorize the Rhode Island Department of Labor and Training to directly deposit my Rhode Island Temporary Disability Insurance payment to the bank account designated on this application.

Your signature: _____ Date: _____